

June 6, 2016

863 Venoy  
Madison Heights, MI 48071

Clerk of the Court  
United States Bankruptcy Court  
211 W. Fort St., Ste. 2100  
Detroit, MI 48226

case no 13-53846

Claimant's Response to Debtor's  
4<sup>th</sup> Omnibus Objection to  
Certain Claims

Dear Court:

I continue my claim since nothing has been decided regarding the union's case against the city (non negotiated reduction in wages). The Detroit bankruptcy ruling the reduction of pensions is also being appealed in federal court in Cincinnati, Ohio.

My claim is for \$13,482.36 and a full pension (that is a pension without the 4.5% reduction and having a cost of living adjustment). It might be noted that the State of Michigan owes the City of Detroit at least \$820 million (\$220 million that Dennis Archer negotiated in return for a lower city income tax and \$600 million in reduced revenue sharing from the state to cities) and the unions offered the Bing administration concessions that would have put Detroit in the black in 2012 but Rick Snyder had Bing refuse the union's offer (!!). Plus the fact that Rick Snyder violated the State Constitution to protect public employee pensions by throwing the city into federal bankruptcy court.

Enclosed is a copy of my claim, which includes a basis for the claim. Also enclosed is a copy of the first page of what I received recently which has prompted this letter.

Thank you for your attention.

Sincerely,

*James Capizzo*

James Capizzo

FILED (1)  
2016 JUN -7 P 2:30  
U.S. BANKRUPTCY COURT  
E.D. MICHIGAN-DETROIT

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>EASTERN DISTRICT of MICHIGAN</b>		<b>CHAPTER 9 PROOF OF CLAIM</b>	
Name of Debtor: <b>City of Detroit, Michigan</b>			Case Number: <b>13-53846</b>		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.					
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>James F. Capizzo</b>					
Name and address where notices should be sent: <b>Jim Capizzo 863 Venoy Madison Heights, MI 48071 Telephone number: 248-303-9852 email:</b>				<b>COURT USE ONLY</b>	
Name and address where payment should be sent (if different from above):          Telephone number: email:				<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>1. Amount of Claim as of Date Case Filed:</b> <u>\$ 69,720.00 + full pension</u> <u>73,482.36</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.					
<b>2. Basis for Claim:</b> <u>Non negotiated reduction in wages, election holidays, paid lunch, swing holidays, and longevity; member of SAAA union</u> (See instruction #2)					
<b>3. Last four digits of any number by which creditor identifies debtor:</b> _____			<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)		
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____  Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable			Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
<b>5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).</b> \$ _____					
<b>5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.</b> \$ _____					
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)					
<b>7. Documents:</b> Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of account, etc. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:					
<b>8. Signature: (See instruction # 8)</b> Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.					
Print Name: <u>James F. Capizzo</u> Title: <u>Senior Data Processing Programmer Analyst</u> Company: <u>City of Detroit</u> Address and telephone number (if different from notice address above): _____ (Signature) <u>James Capizzo</u> (Date) <u>2/20/14</u> Telephone number: _____ email: _____					

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**Name: James F. Capizzo**  
**Title: Senior Data Processing Programmer/Analyst**  
**Detroit Water And Sewerage Dept.**

**Non negotiated reductions in wages and Election Holidays taken away. Also elimination of longevity payout and some swing holidays (e.g. election day) added.**

**Forced 10% reduction in pay for August 6, 2012 through July 18, 2013,**

**1992 hours (according to SAAA) @ \$27.24/hr.....\$5418.24**

**Elimination of longevity: 3 yr@ \$300.00/yr .....\$900.00**

**Elimination of 1 Swing Holiday in 2013: 8 hrs worked @ \$27.24 .....\$217.92**

**Election Day (or Swing Holiday) worked: 16 hrs worked @ \$27.24/hr.....\$435.84**

**Elimination of paid lunch hour from mid December 2011 to July 18, 2013,**

**239 days (according to SAAA) @ \$27.24 hour.....\$6510.36**

**Total claim.....\$13482.36 + full pension**

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN

IN RE: City of Detroit

CASE NO: 13-53846  
CHAPTER: 9

Debtor.  
\_\_\_\_\_

CERTIFICATE OF SERVICE

I hereby certify that on June 7, 2016 (date of mailing), I served  
copies as follows:

1. Document(s) served:

Claimant's Response to Debtor's 4<sup>th</sup> Omnibus  
Objection to Certain Claims

2. Served upon [name and address of each person served]:

Marc N. Swanson  
150 W. Jefferson, Suite 2500  
Detroit, MI 48226

3. By First Class Mail.

FILED (I)  
2016 JUN -7 P 2:30  
U.S. BANKRUPTCY COURT  
E.D. MICHIGAN-DETROIT

Dated: 6/7/16

James Capizzo  
(Signature)

Print Name: James Capizzo